DCH/LDN-507 (05/04)

Michigan Department of Community Health
Board of Dentistry
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

DENTAL HYGIENE LICENSURE INSTRUCTIONS AND CERTIFICATIONS IN ADMINISTRATION OF LOCAL ANESTHESIA AND NITROUS OXIDE ANALGESIA

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Dentistry. Questions regarding your application can be directed to the Michigan Board of Dentistry at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. Applications submitted without the required licensing fee, applicant's signature and date will be returned.

GENERAL INSTRUCTIONS

Please mark the appropriate type of licensure for which you are applying. Read all instructions carefully and answer all questions on the application. Please provide details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may result in a delay in the processing of your application.

REGISTERED DENTAL HYGIENIST LICENSURE BY EXAMINATION

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.

2. The licensing agency of all states in which you are or have ever been licensed must complete and submit a Verification of Licensure form.

3. Submit a FINAL, OFFICIAL transcript of dental education. This transcript must be sent to the Michigan Board office by the school and must show the date of graduation, the degree or certification earned, and the seal of the school. **It is the applicant's responsibility to arrange to have the transcript mailed directly to the Board office by the school.** (Copies, student transcripts or incomplete transcripts are not acceptable.)

4. Contact the National Board of Dental Hygiene Examiners, 211 E. Chicago Avenue, Ste 1846, Chicago, Illinois 60611, telephone (312) 440-2678, or website: www.ada.org/prof/ed/testing/natboard, to request that an OFFICIAL REPORT of your National Board scores be sent directly to the Board office. (Copies of examination scores are not acceptable.)

5. If you have taken and passed the Northeast Regional Board Examination (NERB) at any time since January 1979, the Board office has the examination records. If you have not taken the examination, contact the office of the Northeast Regional Board of Examiners, 8484 Georgia Avenue, Suite 900, Silver Spring, MD 20910, telephone (301) 563-3300, or website: www.nerb.org, for an application and information on the site and date of the next examination.

A license cannot be issued until all of the above requirements have been met.

GRADUATES OF NON-ACCREDITED AND FOREIGN SCHOOLS

The Michigan Board of Dentistry Administrative Rules requires graduates of non-accredited or foreign dental hygiene schools complete a dental hygiene program in an ADA accredited school. Upon successful completion of the program, we must receive a final, official transcript directly from the non-accredited or foreign school and the ADA accredited program. If the transcripts are not in English, a translated copy must also be provided. The applicant will then be made eligible for the NERB examination.

LIMITED LICENSE

The Public Health Code of Michigan (1978 PA 368, as amended) provides that the Michigan Board of Dentistry may grant the following types of limited licenses:

1. Educational Limited License - to a person who is enrolled in postgraduate education.

2. Non-clinical Academic Limited License - to a person who functions ONLY in a non-clinical academic, research or administrative setting and who does not hold themselves out to the public as being actively engaged in the practice of dentistry, or otherwise solicit patients.

3. Clinical Academic Limited License - to a person practicing only in a clinical academic setting and who does not hold themselves out to the public as being actively engaged in the practice of dentistry, or otherwise solicit patients.

The Board of Dentistry Administrative Rules and procedures require the submission of the following for each type of limited license:

1. Proof of graduation (official transcript) from an ADA approved dental hygiene program OR a certified copy of the diploma and transcript from an unapproved school of dental hygiene. The latter shall be translated into English, if necessary.
2. Name, address and division/department of institution in which the applicant is being employed/enrolled;
3. Name, degree and title of applicant's supervising dentist;
4. Description of duties, responsibilities or courses of the applicant; and
5. Beginning date of employment or the beginning and anticipated ending date of the education program.

REGISTERED DENTAL HYGIENIST CERTIFICATION TO ADMINISTER LOCAL ANESTHESIA

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for certification within two years from the date of filing the application, the application and fee are no longer valid.

2. Submit the verification of completion of training. The verification can be a certificate of completion from an approved continuing education program or completion of the Verification of Local Anesthesia Administration Training form (attached). The course should include at least 15 hours of didactic instruction and 14 hours of clinical experience in theory of pain control; selection of pain control modalities; anatomy; neurophysiology; pharmacology of local anesthetics; pharmacology of vasoconstrictors; psychological aspects of pain control; systemic complications; techniques of maxillary anesthesia; techniques of mandibular anesthesia; infection control and local anesthesia medical emergencies.

3. Submit verification of current certification in basic or advanced cardiac life support. The verification should be a notarized copy of your current certification.

4. Submit proof of completion of the Northeast Regional Board Examination (NERB) in local anesthesia within 18 months of completion of the course work. If you have already taken the examination, the Board office already has the scores. If you have not taken the examination, contact the office of the Northeast Regional Board of Examiners, 8484 Georgia Avenue, Suite 900, Silver Spring, MD 20910, telephone (301) 563-3300, or website: www.nerb.org, for an application and information on the examination dates and locations.

5. Upon completion of all requirements, a permanent certificate in the administration of local anesthesia will be issued. It will remain active as long as your dental hygiene license is active.

REGISTERED DENTAL HYGIENIST CERTIFICATION TO ADMINISTER NITROUS OXIDE ANALGESIA

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for certification within two years from the date of filing the application, the application and fee are no longer valid.

2. Submit the verification of completion of training. The verification can be a certificate of completion from an approved continuing education program or completion of the Verification of Nitrous Oxide Analgesia Training form (attached). The course should include at least 4 hours of didactic instruction and 4 hours of clinical experience in nitrous oxide analgesia medical emergency techniques; pharmacology of nitrous oxide; and nitrous oxide techniques and training in selection of pain control modalities should be included, if available.

3. Submit verification of current certification in basic or advanced cardiac life support. The verification should be a notarized copy of your current certification.

4. Currently no examination is available regarding the administration of nitrous oxide.

5. Upon completion of all requirements, a permanent certification in the administration of nitrous oxide analgesia will be issued. It will remain active as long as your dental hygienist license is active.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Dentistry in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Dentistry in writing to request a refund.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.

Michigan Department of Community Health
Board of Dentistry
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918

APPLICATION FOR DENTAL HYGIENIST LICENSE AND CERTIFICATIONS

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

Board Use Only
License Number
Date of Licensure

I AM APPLYING FOR THE FOLLOWING:

- ☐ **Dental Hygienist License Fee: $45.00 71-2902-01**
- ☐ **Dental Hygienist Clinical Academic License Fee: $30.00 71-2902-03**
- ☐ **Dental Hygienist Non-Clinical Academic License Fee: $30.00 71-2902-03**
- ☐ **Dental Hygienist Educational Limited License Fee: $30.00 71-2902-05**
- ☐ **Local Anesthesia Certification Fee: $10.00 71-2902-11**
- ☐ **Nitrous Oxide Analgesia Certification Fee: $10.00 71-2902-11**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	

Have you ever held a health professional license in Michigan?

☐ No ☐ Yes

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	☐ Yes	☐ No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	☐ Yes	☐ No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	☐ Yes	☐ No
4. Have you been treated for substance abuse in the past 2 years?	☐ Yes	☐ No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	☐ Yes	☐ No
6. Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	☐ Yes	☐ No
7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	☐ Yes	☐ No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	☐ Yes	☐ No

Name

9. Do you hold or have you ever held a full dental hygienist license (other than an educational, temporary or limited license) in any state? If yes, list each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☐ Yes ☐ No

State	License/Registration Number	Date of Issue	How Obtained (Endorsement or examination)

10. Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance From	To	Degree
DENTAL HYGIENE EDUCATION			
LOCAL ANESTHESIA EDUCATION			
NITROUS OXIDE ANALGESIA EDUCATION			

11. Have you passed all parts of the National Board Exams? ☐ Yes ☐ No

If No, please list the date you are scheduled to take the exam: _____

12. Have you ever taken the Northeast Regional Board Examination (NERB) ? ☐ Yes ☐ No

If No, please list the date you are scheduled to take the exam: _____

If Yes, complete the following:

Examination Date: _____ ☐ Pass ☐ Fail

Reexamination Date: _____ ☐ Pass ☐ Fail

13. Have you ever taken the Northeast Regional Board Examination in local anesthesia ? ☐ Pass ☐ Fail

Examination Date: _____

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date

OHS/HLD-001 (01/04)

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.

- ☐ Chiropractic
- ☐ Counseling
- ☐ Dentistry
- ☐ Marriage & Family Therapy
- ☐ Medicine
- ☐ Nursing
- ☐ Nursing Home Adm.
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Osteopathy
- ☐ Pharmacy
- ☐ Physical Therapy
- ☐ Physician's Assistants
- ☐ Podiatry
- ☐ Psychology
- ☐ Sanitarians
- ☐ Social Work
- ☐ Veterinary

First Name	Middle Name	Last Name
Previous Names Used	**Date of Birth**	**U. S. Social Security Number**
State Board	**License Number**	**Date of Issue**

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Basis for Issuance of License:
☐ Examination - Please indicate type of exam (National, Regional, State, etc.)
☐ Endorsement - Please indicate name of state

Type of License:

License Status	Original Issue Date	Expiration Date
☐ Current ☐ Lapsed ☐ Inactive		

Has the applicant incurred any formal or informal actions in your State?
☐ No ☐ Yes - If Yes, Please attach certified copies of any actions.

Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?
☐ No ☐ Yes	☐ No ☐ Yes

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

_____ _____
Signature **Date**

_____
Type or Print Name

(S E A L)

_____
Title

_____
Full Name of Licensing Board

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.